



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED  
DIRECTOR

RE: CHILD WELFARE LICENSING APPLICATION – CHILD PLACING AGENCY  
LICENSE

Dear Applicant:

The following is information regarding application for the above referenced facility type.

Instructions and additional materials assist you in completing the application.

Please return all of the completed and required application materials with a check or money order (which is non-refundable) payable to the "State of Michigan" for the appropriate license application fee to:

Michigan Department of Human Services  
Cashier's Office  
P.O. Box 30759  
Lansing, MI 48909-8150

For additional information, please contact the Licensing Unit at (517) 241-2488 or toll free 866-685-0006 or Fax at (517) 241-1680.

Thank you.

Enclosure

# **Child Placing Agency Licensing Process Explanation Sheet**

## **RULES AND PROCEDURES**

Become familiar with the administrative [rules for child placing agencies](#) and the following procedures in order to assist you in the licensing process.

## **ORIENTATION**

If you have not attended an orientation session, contact the area manager closest to you to discuss the requirements and licensing process (Deborah Clark – U.P. and Northern Michigan at 906-786-3802; Jackie Horton – middle Michigan and thumb area at 989-758-1754; Andrew McKellar – Flint and Mid-Michigan at 810-760-2598; Greg Corrigan – Southwest Michigan at 269-337-5066 or Linda Lee – Southeast Michigan at 734-665-4740). In signing the application you agree to operate in compliance with the Act and Rules. You will want an opportunity to gain a clear understanding of the total process.

## **APPLICATION**

A license is to a specific person or organization to provide specific services, at a specific location, is non-transferable, and remains the property of the Department.

Complete and submit an application (BCAL-3502).

Submit your check or money order (**no cash**) to the address shown. This is a non-refundable fee. Not required for DHS agencies.

Complete and submit Licensing Record Clearance Request (BCAL-1326). This form is required for the chief administrator of the organization. Please read both sides of the form before signing.

## **PROGRAM STATEMENT, POLICIES, PROCEDURES, RECORDS**

The consultant assigned to your agency will make an on-site inspection during the licensing process.

The consultant assigned will:

- Evaluate the application and other required application materials.
- Interview appropriate staff.
- Review written policies and procedures for all services to be provided.
- Review records and record keeping systems.
- Evaluate compliance with all child placing agency administrative rules.

## **LICENSING STUDY REPORT**

When all necessary materials and documents have been submitted and reviewed, any necessary corrections made, and the consultant has made an on-site visit, a determination will be made with regards to licensure.

You will receive a letter stating the licensing action taken and a copy of the Licensing Study Report.

If a license is issued, you will receive notification from the Department of Human Services, Division of Child Welfare Licensing, telling you when you may begin providing the services authorized.

If the license application is denied, you have the right to appeal the decision in accordance with [1973 PA 116](#), as amended, Section 12.

## **TIME FRAMES**

The amount of time required in issuing a license will depend upon completion of:

- Licensing record clearances.
- Consultant's on-site inspection.
- Completion of work required.
- Achievement of compliance with the licensing statute and the administrative rules.
- Notification from the Department indicating the licensing decision.

### **Licensing Fee Explanation**

<b><u>Application Type</u></b>	<b><u>Fee For Original Application</u></b>	<b><u>Fee For Renewal Application</u></b>
Child Placing Agencies		
Placement Only      1 – 24	\$200	\$120
25 – 50	\$200	\$125
51 – 100	\$200	\$130
101 – 200	\$200	\$135
201 +	\$200	\$140
Placement & Foster Home Certification		
1 – 24	\$200	\$175
25 – 50	\$200	\$180
51 – 100	\$200	\$185
101 – 200	\$200	\$190
201 +	\$200	\$200

Enclosures:

BCAL-3502 – Child Placing Agency Application

BCAL-1326 – Licensing Clearance Request

**UNLESS OTHERWISE INDICATED, RETURN ALL OF THE ITEMS LISTED TO THE LICENSING UNIT AS A COMPLETE PACKAGE. ALL ITEMS MUST BE FILLED OUT AND RETURNED TOGETHER IN THE SAME ENVELOPE**

# **INSTRUCTIONS FOR COMPLETING APPLICATION FOR CHILD PLACING AGENCY**

## **FACILITY INFORMATION**

1. Enter name of agency as it is to appear on the license or certificate of approval.
- 2 – 13. Enter appropriate information for the institution.

## **APPLICANT ORGANIZATION INFORMATION**

14. Enter legal name under which the agency is incorporated, or the governmental unit, person, or partnership legally responsible.
- 15 – 22. Enter the appropriate information for the applicant.
23. Indicate destination where official licensing mail is to be directed.
24. Indicate if the auspice is governmental or non-governmental.
25. Check appropriate box.

## **TERMS INFORMATION**

26. Indicate which functions of a child placing agency the agency is seeking authorization to provide and the number of cases for each.
27. Check the appropriate box.

## **APPLICATION DECLARATION STATEMENT INFORMATION**

28. Signature of individual authorized to make application on behalf of the Application Organization.
29. Enter title of person signing the application.
30. Date signed.
- 31 – 34. Enter the appropriate information for the person signing the application.

## **PERSONS AUTHORIZED TO SIGN THE APPLICATION**

- a. Non –governmental auspices
  - Board president's signature where there is a board
  - Signature of agency owner where there is not a board
- b. Governmental auspices
  - Community Mental Health
  - Department of Human Services
  - Department of Community Health
  - Board Chairperson's signature
  - Local Director's signature
  - Local Agency Director's signature

# CHILD PLACING AGENCY APPLICATION

Michigan Department of Human Services  
(Follow Instructions on back of Application)

## FOR DHS USE ONLY:

License Number

Paid Amount

Cashier

### BCAL USE ONLY

Application is:

☒ Original

☐ Renewal

☐ Change

### AGENCY INFORMATION

1. Agency Name		2. Federal Identification #:	
3. Chief Administrator's Name			
4. Address (Street Number, Name, Suite, etc.) <b>Required</b>			
5. City	6. State	7. Zip Code	
8. Mailing Address (if different from street address) P.O. Box		9. P.O. Box Zip Code	
10. Telephone Number ( )		11. County	
12. Email Address		13 Web Address	

### APPLICANT ORGANIZATION INFORMATION

14. Legal Name of Organization		
15. Applicant Organization Representative		
16. Address (Street Number, Name, Suite, etc.)		
17. City	18. State	19. Zip Code
20. Mailing Address (if different from street address) P.O. Box		21. P.O. Box Zip Code
22. Telephone Number ( )		23. Direct Mail To <input type="checkbox"/> Organization <input type="checkbox"/> Facility
24. Auspice Type <input type="checkbox"/> Non-governmental <input type="checkbox"/> Governmental		
25. <input type="checkbox"/> Profit <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Non-profit <input type="checkbox"/> Federal <input type="checkbox"/> Local		

### TERMS INFORMATION

26. Terms Applied For	
<input type="checkbox"/> Authorized to certify foster homes for licensure .....	Number of foster homes currently certified _____
<input type="checkbox"/> Authorized to receive children for placement in licensed foster homes.....	Number of children currently in foster care _____
<input type="checkbox"/> Authorized to supervise independent living placements.....	Number of youth in independent living _____
<input type="checkbox"/> Authorized to evaluate applicants for adoption .....	Number of adoption evaluations in the last year _____
<input type="checkbox"/> Authorized to place and supervise children with adoptive parents.....	Number of children supervised in the last year _____
<b>TOTAL CAPACITY</b> → <span style="border: 1px solid black; padding: 2px 10px;"> </span>	
26. Have any staff been convicted of an offense for other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### APPLICATION DECLARATION STATEMENT

<ul style="list-style-type: none"><li>I have read 1973 PA 116, as amended, and the Administrative Rules regulating the operation of the child placing agency indicated above and, if granted a license or certificate of approval, will endeavor to comply with the Act and these rules.</li><li>In order to permit a proper determination of conformity with the rules, I give permission to the Department of Human Services to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility as described in Act 116. The investigation may include the securing of statements from references I submit, as well as from others who may make judgements as to my ability to comply with the rules.</li><li>I hereby certify that any information I give in respect to this application and investigation will be, to the best of my ability, true and correct.</li></ul>			
28. Authorized Signature		29. Title	30. Date
31. Address (Street Number and Name)		32. City	33. State
			34. Zip Code

AUTHORITY:	1973 PA 116	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Is required.	
PENALTY:	Applicant cannot be licensed.	

## LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a BCAL Files check against current or previous licensee status of the applicant in any county of the state.
4. **Day Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

**A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.**

AUTHORITY:	1973 PA 116 1979 PA 218	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Required	
CONSEQUENCE:	Licensure may be denied.	

# LICENSING RECORD CLEARANCE REQUEST

## STATE OF MICHIGAN

Department of Human Services  
Bureau of Children and Adult Licensing

<b>DIRECTIONS FOR COMPLETING FORM:</b> <ul style="list-style-type: none"> <li>• Please read the accompanying instructions before completing this form.</li> <li>• Please type or print CLEARLY so that the information completed can be read.</li> <li>• Mail completed form to BCAL Central office.</li> </ul>				<b>LIVESCAN FINGERPRINT REQUEST</b> <i>This section for day care only.</i>  <b>Agency ID: 10971L</b>  <b>TCN#</b> _____ <b>(MUST BE FILLED IN PRIOR TO RETURNING)</b>  <b>Date Fingerprinted:</b> _____  <b>Type of Picture I.D. presented:</b> _____  <b>DCL(Day Care License)</b>			
<b>SECTION I: REQUESTOR INFORMATION</b> <b>(Must be completed by licensing consultant/worker)</b> Licensing Consultant/Worker Name, Address and Phone Number  <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">                     Department of Human Services                      Bureau of Children and Adult Licensing                      7109 W. Saginaw, 2nd Floor                      P. O. Box 30650                      Lansing, MI 48909-8150                 </div>				<b>SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)</b>			
LICENSEE/APPLICANT NAME		County		LICENSE NUMBER (If assigned)			
LICENSE/APPLICATION TYPE <input type="checkbox"/> Family/Group Child Care Home <input type="checkbox"/> Child Care Center <input checked="" type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp							
THE PERSON BEING CLEARED IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee/Licensee Designee <input type="checkbox"/> Administrator <input type="checkbox"/> Responsible Person (In charge of daily operations) <input type="checkbox"/> Director/Program Director							
NAME (Last, First, Middle Jr., II, etc.)		SEX	BIRTH DATE		SOCIAL SECURITY NUMBER		
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))			MICHIGAN DRIVERS LICENSE NUMBER			
ADDRESS (Street Number and Name)				HOW LONG HAVE YOU LIVED IN THIS STATE?	RACE		
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT		
WEIGHT							
<ul style="list-style-type: none"> <li>• I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.</li> <li>• I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.</li> <li>• I certify that the information I have given on the form is, to the best of my ability, true and correct.</li> <li>• The Department may perform this check at any time while I am licensed.</li> </ul>							
HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s)							
SIGNATURE OF PERSON TO BE CLEARED					DATE		

<b>SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)</b>			<b>SECTION IV: CONVICTION CLEARANCE</b>		
PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	LICENSE NUMBER	INITIALS/CLEARANCE DATE			
IS PROTECTIVE SERVICES INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	INITIALS/CLEARANCE DATE			
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	INITIALS/CLEARANCE DATE			
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.					